* 112 PM 29 AM 10: 05

LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

| | 용지 그는 하기 사람들이 하는데 하는데 하는데 하는데 하는데 없다. |
|---|--|
| This Report Covers Calendar Year: <u>2013</u> □ ORIGINAL REPORT □ AMENDED REPORT | |
| ☐ I currently hold an office that would require me to file a Tie Statement. As such, I have completed SCHEDULE L. | er 2.1, or Tier 3 Personal Financial Disclosure |
| Office Sought: <u>City MARShal</u> Date of Election: <u>November 4 2014</u> Date Qualified: <u>August 21 2014</u> | Incumbent: □Yes 🗷 No |
| Name of Filer (print full name): ERNEST P. Boudreau | |
| Mailing Address: 1228 Ellender St. | |
| City, State, Zip: HOUMA, LOUISANNA 7036 | 3 |
| City, State, Zip: Houna, Louisanna 7036 Name of Spouse (print full name): Roxanne i. Bou | Idreaux |
| Spouse's Occupation: | |
| Spouse's Principal Business Address: | |
| City, State Zip: | |
| Check all that apply: | |
| I have filed my state income tax return for the previous y | /ear, |
| ☐ I have filed for an extension of my state income tax retur | |
| ☐ I have filed my federal income tax return for the previou | s year. |
| ☐ I have filed for an extension of my federal income tax ret NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candida filing their personal financial disclosure statements. | |
| Certificate of A | <u>ccuracy</u> |
| I do hereby certify, after having been duly sworn, t | hat the information contained in this personal |
| financial disclosure statement is true and correct to the be | est of my knowledge, information, and belief. |
| for P. Bouly | |
| Signature of Filer Sworn to and subscribed | before me on this 26 day of August 2014 |
| Sworn to and Subscribed | Yelonda M. Dean |
| YELONDA M. DEAN NOTARY PUBLIC NO. 92059 STATE OF LOUISIANA PARISH OF LAFOURCHE My Commission is for Life | Notary Public (print name) Melonda M. Degrin Notary Public (signature) ID# 92059 |
| | Date Commission Expires & Lath |

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule A: Employment Information

| ⊠ Filer □Spouse ⊠ Full-Time □ Part-Time | | |
|--|----------|------|
| Job Title: Renewable Energy Specialist | | - 1 |
| Job Title: Renewable ENergy SPECIALIST Name of Employer: Position Solar Solutions | | |
| Address: Ill Venture BIVd. | <u> </u> | |
| Address: Ul Venture BIVA. City, State, Zip: Houma, LA. 10360 | | . 1. |
| Job Description: SAles Ref. for Solar PANels | | |
| Job Description: OHIES MEP. TO SOIAL TRIVETS | | |
| | | |
| | | _ |
| | | |
| | | |
| Job Title: SALS Ref. Name of Employer: Barker Buick Omc | | |
| Address: 6444 West MAIN ST. | | |
| Address: 6444 West MAIN St. City, State, Zip: Houma, La. 70361 | | |
| Job Description: CAR SAKMAN | | |
| Job Description: CAX JAKIMATO | | |
| | | |
| | | |
| ⊠ Filer □Spouse □ Full-Time □ Part-Time | | |
| | | |
| Name of Employer: Terresponse Wiseline Sier. | | |
| Address: 100 Holder Ct. | | |
| Address: 100 Holder Ct. City, State, Zip: Houng LA. 70361 | <u> </u> | |
| Job Description: IN Charge of Relaining Vessel's AND Clave ofer. | | |
| Job Description: Die Charge of Refair to Castelle Charge of the Charge o | 1. j. h. | |
| | | |
| | | |
| □Filer □Spouse □Full-Time □ Part-Time | | |
| Job Title: | | |
| | | |
| Name of Employer: | | |
| Name of Employer:Address: | | |
| Address: | | |
| Address:City, State, Zip: | | |
| Address: | | |
| Address:City, State, Zip: | | ÷ |

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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SCHEDULE B: Positions - Business

| □Filer □Spouse □Both | |
|--|--|
| Amount of Interest (amount exceeds 10%): | |
| Name of Business: | |
| Address: | |
| | |
| Business Description: | I The state of the |
| Nature of Association: | |
| □Filer □Spouse □Both | |
| Amount of Interest (amount exceeds 10%): | % |
| Name of Business: | |
| Address: | |
| City, State, Zip: | |
| Business Description: | |
| Nature of Association: | |
| | |
| □Filer □Spouse □Both | |
| ☐Filer ☐Spouse ☐Both Amount of Interest (amount exceeds 10%): | % |
| Amount of Interest (amount exceeds 10%): | to the control of the |
| | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: | % |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: □Filer □Spouse □Both Amount of Interest (amount exceeds 10%): | % |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: □Filer □Spouse □Both Amount of Interest (amount exceeds 10%): Name of Business: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: DFiler DSpouse DBoth Amount of Interest (amount exceeds 10%): Name of Business: Address: | |
| Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: Business Description: Nature of Association: Filer Spouse Both Amount of Interest (amount exceeds 10%): Name of Business: Address: City, State, Zip: | |

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions – Nonprofit

| □Filer □Spouse | [H. 4명 기타자 : - 1 H. 11 1 H. 1 H. 1 H. 1 H. 1 H. 1 H. |
|------------------------------|--|
| Name of Organization: | |
| Address: | |
| City, State, Zip: | |
| | |
| Nature of Association: | |
| Description of Organization: | |
| | |
| □Filer □Spouse | |
| | |
| Name of Organization: | |
| City, State, Zip: | |
| Gity, state, zip. | |
| Nature of Association: | |
| | |
| | |
| | |
| □Filer □Spouse | |
| Name of Organization: | |
| Address: | |
| City, State, Zip: | |
| | |
| Nature of Association: | |
| Description of Organization: | |
| | |
| | |
| □Filer □Spouse | |
| Name of Organization: | |
| | |
| City, State, Zip: | |
| | |
| | |
| Description of Organization: | |
| | |

^{*}You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

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Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests

| □Filer □Spouse □Business (where amount of interest exceeds 10%) |
|---|
| Type of Income: □State □Political Subdivision □ Gaming Interest |
| Name of Business (if applicable): |
| Name of Income Source: |
| Audicas. |
| City, State, Zip: |
| Amount of Income (exact dollar amount): \$ |
| |
| □Filer □Spouse □Business (where amount of interest exceeds 10%) |
| Type of Income: □State □Political Subdivision □ Gaming Interest |
| Name of Business (if applicable): |
| Name of Income Source: |
| Address:City, State, Zip: |
| [1] 《大学》:"我们,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人。""我 [1] |
| Amount of Income (exact dollar amount): \$ |
| |
| ☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%) |
| Type of Income: □State □Political Subdivision □ Gaming Interest |
| Name of Business (if applicable): |
| Name of Income Source: |
| Address:City, State, Zip: |
| |
| Amount of Income (exact dollar amount): \$ |
| |
| ☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%) |
| Type of Income: □State □Political Subdivision □ Gaming Interest |
| Name of Business (if applicable): |
| Name of Income Source: |
| Address: |
| City, State, Zip: |
| Amount of Income (exact dollar amount): \$ |
| |

- * "Income" (for a business) means gross income less costs of goods sold, and operating expenses.
- * "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- * The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

^{*} You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

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Schedule E: Income Received from Employment

| M Filer □Spouse □Full-time □Part-time | 지 않는데 이 1000 전 100 전 상품 10kg 10kg 100 전 1 |
|---|--|
| Name of Employer: Barker Busch & Address: 6444 West MAIN ST. | ·nc |
| Address: 6444 West MAin St. | |
| City, State, Zip: Houna, CA. 70361 | |
| Nature of Services (pursuant to such employment): | SAles Rep. |
| Amount of Income: □Category I (less than \$5,000) □Category III (\$25,000-\$100,000) | ™ Category II (\$5,000-\$24,999) □ Category IV (more than \$100,000) |
| ★ Filer □Spouse □Full-time □Part-time | |
| Name of Employer: Terrebonne Wir Address: 100 Holded Ct. | Dock Supervisor |
| City, State, Zip: Houng, LA. 70361 | |
| Nature of Services (pursuant to such employment): | DOCK SUPERVISOR |
| Amount of Income: □Category I (less than \$5,000) 【**Category III (\$25,000-\$100,000) | ☐ Category II (\$5,000-\$24,999) ☐ Category IV (more than \$100,000) |
| □Filer □Spouse □Full-time □Part-time | |
| Name of Employer: | |
| Address: | |
| Nature of Services (pursuant to such employment): | |
| | |
| Amount of Income: □Category I (less than \$5,000) □Category III (\$25,000-\$100,000) | □ Category II (\$5,000-\$24,999) □ Category IV (more than \$100,000) |
| □Filer □Spouse □Full-time □Part-time | |
| Name of Employer:Address: | |
| City, State, Zip: | |
| | |
| Amount of Income: Category I (less than \$5,000) Category III (\$25,000-\$100,000) | □ Category II (\$5,000-\$24,999) □ Category IV (more than \$100,000) |

^{*} You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

^{*}Income received through self-employment is reported on SCHEDULE F.

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Schedule F: Income Received From Business Interests

AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) □Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000) □Filer □Spouse Name of Business: Address: _____ City, State, Zip: Nature of services rendered or reason income was received: □Filer □Spouse Name of Business: Address: _____ City, State, Zip: Nature of services rendered or reason income was received: □Filer □Spouse Name of Business: Address: _____ City, State, Zip: Nature of services rendered or reason income was received: □Filer □Spouse Name of Business: Address: _____ City, State, Zip: Nature of services rendered or reason income was received:

^{*}You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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Schedule G: Other Income (any other income that exceeds \$1,000 from each source)

| \square Filer \square Spouse |
|---|
| Description of Income: |
| Nature of services rendered or reason income was received: |
| Amount of Income: □Category I (less than \$5,000) □Category II (\$5,000-\$24,999) □Category III (\$25,000-\$100,000) □Category IV (more than \$100,000) |
| □Filer □Spouse Description of Income: |
| Nature of services rendered or reason income was received: |
| Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999) Category III (\$25,000-\$100,000) Category IV (more than \$100,000) |
| □Filer □Spouse Description of Income: |
| Nature of services rendered or reason income was received: |
| Amount of Income: □Category I (less than \$5,000) □Category II (\$5,000-\$24,999) □Category III (\$25,000-\$100,000) □Category IV (more than \$100,000) |
| □Filer □Spouse Description of Income: |
| Nature of services rendered or reason income was received: |
| Amount of Income: Category I (less than \$5,000) |

^{*}You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

^{*}Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

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Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

| □Filer □Spouse □ Both | 하는 용면하는 것이 말을 하면 하면 가장 말을 받는 것이 하는 것이 되었다. 되는 것이 되는 것이 되어 있는 것이 말을 하는 것 같아 되었다. |
|--|--|
| Location of Property Country: State: | Parish/County: |
| Description of Property: | |
| Fair Market Value □ Category I (less than \$5,000) or Use Value: □ Category III (\$25,000-\$100,000) | □Category II (\$5,000-\$24,999) □Category IV (more than \$100,000) |
| □Filer □Spouse □ Both | |
| Location of Property Country: State: | Parish/County: |
| Description of Property: | |
| Fair Market Value ☐ Category I (less than \$5,000) or Use Value: ☐ Category III (\$25,000-\$100,000) | □ Category II (\$5,000-\$24,999) □ Category IV (more than \$100,000) |
| □Filer □Spouse □ Both | |
| Location of Property Country: State: | Parish/County: |
| Description of Property: | |
| Fair Market Value □ Category I (less than \$5,000) or Use Value: □ Category III (\$25,000-\$100,000) | □ Category II (\$5,000-\$24,999) □ Category IV (more than \$100,000) |
| □Filer □Spouse □ Both | |
| Location of Property Country: State: | Parish/County: |
| | |
| Fair Market Value □ Category I (less than \$5,000) or Use Value: □ Category III (\$25,000-\$100,000) | □Category II (\$5,000-\$24,999) |

^{*}You are required to disclose the location by country, state, and parish/county.

^{*} You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule I: Investment Holdings (an investment holding that exceeds \$5,000)

| □Filer □Spouse □ Both |
|--|
| Name of Security: |
| |
| Description of Security: |
| |
| |
| □Filer □Spouse □ Both Name of Security: |
| Name of Security: |
| Description of Security: |
| |
| |
| □Filer □Spouse □ Both |
| 이 바다 되었다. 그는 그는 이 바다 하루 가는 바로 가는 중에 가는 하는 것이 되었다. 그는 그를 받는 것이 되었다. |
| Name of Security: |
| |
| Description of Security: |
| |
| |
| □Filer □Spouse □ Both |
| Name of Security: |
| |
| |
| Description of Security: |
| |

^{*} You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

^{*}You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

^{*}You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule J: Transactions (a transaction that exceeds \$5,000)

| □Filer □Spouse □ Both | , |
|---|---|
| Transaction Date: | |
| Description of Transaction: | |
| Amount of Transaction: Category I (less than \$5,000) Category III (\$25,000-\$100,000) | □ Category II (\$5,000-\$24,999) □ Category IV (more than \$100,000) |
| □Filer □Spouse □ Both Transaction Date: | |
| Description of Transaction: | |
| Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category III (\$25,000-\$100,000) | ☐ Category II (\$5,000-\$24,999) ☐ Category IV (more than \$100,000) |
| ☐ Filer ☐ Spouse ☐ Both Transaction Date: | |
| Description of Transaction: | |
| | |
| Amount of Transaction: □Category I (less than \$5,000) □Category III (\$25,000-\$100,000) | ☐ Category II (\$5,000-\$24,999) ☐ Category IV (more than \$100,000) |
| | |
| □ Category III (\$25,000-\$100,000) | □ Category IV (more than \$100,000) |
| □ Category III (\$25,000-\$100,000) □ Filer □ Spouse □ Both | □ Category IV (more than \$100,000) |

^{*} You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

^{*} You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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Schedule K: Liabilities (a liability that exceeds \$10,000)

| □Filer □Spouse |
|------------------------------------|
| Name of Creditor: |
| Address: |
| City, State, Zip |
| Name of Guarantor (If applicable): |
| |
| □Filer □Spouse |
| Name of Creditor: |
| Address: |
| City, State, Zip |
| Name of Guarantor (If applicable): |
| |
| □Filer □Spouse |
| Name of Creditor: |
| Address: |
| City, State, Zip |
| Name of Guarantor (If applicable): |
| |

- *You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.
- *You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.
- *You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.
- *You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.
- * You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).
- *You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.
- *"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

made pursuant to K.S. 6:969.1 et seq, K.S. 9:3516(13).

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Schedule L: Other Offices/Positions Held

| | 일 강 홍생, 이 공학 그는 내가 말을 하고 있다고 하고 하는 것이다. 그는 어린 사람들이 |
|----------------------------|--|
| Name of Office/Position: | [발표] [발표] 16 - 16 12 - 12 22 12 12 13 14 15 16 16 16 17 17 17 17 18 12 12 12 [대학생과 제] 17 17 17 17 17 17 17 17 17 17 17 17 17 |
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| Name of Office/Position: | |
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| Name of Office/Position: _ | |
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| Name of Office /Position | |
| Nume of office/1 osition | |
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| Name of Office/Position: _ | |
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| Name of Office/Position: _ | |
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| | |
| Name of Office /Desition | |
| Name of Office/Position: _ | |
| | |
| | |
| Name of Office/Position: _ | |
| | |

^{*}You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.